



# Town of Franklin

## HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

p. 508-520-4905 f. 508-520-4989

NEW: Y or N  
RENEWAL: Y or N  
CALENDAR YEAR: \_\_\_\_\_  
FEE AMOUNT: \$150.00

### APPLICATION FOR TOBACCO PRODUCTS SALE PERMIT

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_  
Street. City or town

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City or town

Zip Code \_\_\_\_\_

MA DEPT OF REVENUE CIGARETTE RETAILER'S LICENSE NUMBER \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

NAME OF OWNER (if different from applicant) \_\_\_\_\_

PERSONAL CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

#### Type of Business

(check one)

\_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE OWNER

#### Name of Corporate Officers: (to be signed by each)

President \_\_\_\_\_  
Name Address

Treasurer \_\_\_\_\_  
Name Address

Clerk \_\_\_\_\_  
Name Address

#### Name of Partners: (to be signed by each)

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

#### Name of Sole Owner: (to be signed)

\_\_\_\_\_  
Name Address

**Store Sells:**

( ) Meat    ( ) Produce    ( ) Dry Groceries    ( ) Dairy    ( ) Frozen Foods

**HOURS OF OPERATION:**

**MONDAY** \_\_\_\_\_      **TUESDAY** \_\_\_\_\_      **WEDNESDAY** \_\_\_\_\_

**THURSDAY** \_\_\_\_\_      **FRIDAY** \_\_\_\_\_      **SATURDAY** \_\_\_\_\_

**SUNDAY** \_\_\_\_\_

**Signature** \_\_\_\_\_  
Owner/Operator

**Date** \_\_\_\_\_

Social Security Number or Federal ID: \_\_\_\_\_